

Case Number:	CM14-0017626		
Date Assigned:	04/16/2014	Date of Injury:	05/22/2013
Decision Date:	12/17/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Arizona and California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old male who reported an injury on 05/22/2013. The mechanism of injury reportedly occurred when the injured worker bent forward to pick up a box of broccoli and the pallet full of produce fell onto his back. His diagnoses were listed as bilateral shoulder rotator cuff tendinitis and acromioclavicular joint bone spurs, lumbosacral musculoligamentous sprain/strain, cervical musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, status post right thumb fracture, status post right foot crush injury. The past treatments included work modifications, medications, lumbar support appliance, chiropractic manipulative therapy and a self-guided home exercise program. Diagnostic studies included an ultrasound report which was noted to reveal bilateral acromioclavicular joint (AC) joint bone spurs, bilateral rotator cuff tendinitis, bilateral normal long head biceps tendon, and bilateral normal glenoid labrum. On 09/10/2014, the injured worker complained of continued shoulder pain rated at a 7/10, continued low back pain rated at an 8/10, continued neck pain rated at a 6/10 radiating to the bilateral shoulders, thumb pain, and right ankle foot pain rated at a 5/10. Physical examination of the cervical spine revealed tenderness to palpation, decreased range of motion; examination of the thoracolumbar spine revealed positive straight leg raise, tenderness to palpation, and decreased range of motion; examination of the bilateral shoulders revealed tenderness to palpation, impingement test and cross arm test were positive, and decreased range of motion greater on the left. His current medications included Norco and Fexmid. The treatment plan included refill of medications and a followup. A request was received for Fexmid 7.5 mg quantity 60. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FEXMID 7.5MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Fexmid 7.5 mg quantity 60 is not medically necessary. California MTUS Guidelines state that cyclobenzaprine is recommended for a short course of therapy in the treatment of musculoskeletal conditions. Clinical notes indicate that the injured worker complained of continuing pain in the shoulder, low back, neck, right thumb, and right ankle. However, clinical notes also indicated the injured worker was prescribed Fexmid as long ago as 05/16/2014. As the guidelines do not recommend cyclobenzaprine for long term use, the request is not supported. In addition, the request did not specify frequency of use. Therefore, the request is not medically necessary.